

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: <u>4/22/04</u>		2 Serial/Patent # <u>10/691,892</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
			6 AMOUNT
<input type="checkbox"/>	Filing		\$
<input type="checkbox"/>	Amendment		\$
<input type="checkbox"/>	Extension of Time		\$
<input type="checkbox"/>	Notice of Appeal/Appeal		\$
<input checked="" type="checkbox"/>	Petition	<u>3/8/04</u>	\$ 130
<input type="checkbox"/>	Issue		\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$
<input type="checkbox"/>	Maintenance		\$
<input type="checkbox"/>	Assignment		\$
<input type="checkbox"/>	Other		\$
		7 TOTAL AMOUNT OF REFUND	<u>\$ 130</u>
10 REASON:		8 TO BE REFUNDED BY: <u>Credit Card</u> <input checked="" type="checkbox"/>	
<input type="checkbox"/>	Overpayment	Treasury Check	
<input type="checkbox"/>	Duplicate Payment	Credit Deposit A/C #: <u> </u> - <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	
<input checked="" type="checkbox"/>	No Fee Due (Explanation): <u>Postcard proves allegedly omitted drugs present on day 1 Refund pet fil.</u>		
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>E. Shireen Willis</u>		TITLE: <u>Pat Attorney</u>	
SIGNATURE: <u>E. Shireen Willis</u>		PHONE: <u>308-6712</u>	
OFFICE: <u>Office of Petitions</u>			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****			
APPROVED: <u>Ding Rhee</u>		DATE: <u>4/29/04</u>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B

Adjustment dates: 04/29/2004 CK45K
03/18/2004 CREDITARYI 00000107 10692692
01 FCB1460 -130.00 00

Refund Ref#:
04/29/2004 0030015682

Credit Card Refund Total: \$130.00

VISA.....: XXXXXXXXX4007